



STATE OF WYOMING  
Department of Revenue  
Liquor Division  
1520 E 5<sup>th</sup> Street  
Cheyenne, WY 82002-0110  
(307) 777-7233



Limited Transportation Liquor License Application

Type of Business: ☐ Railroad  
☐ Bus  
☐ Limousine  
☐ \_\_\_\_\_(Other)

Type of License ☐ Railroad: Annual (Fee \$250.00) 24Hr (Fee \$25.00)  
Applied for: ☐ Charter: Annual (Fee \$250.00) 24Hr (Fee \$25.00)

Effective: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Company Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vehicle License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**FILING AS** (CHOOSE ONLY ONE)

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP

**NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months, and provide personal information in table below.**

<i>Applicants Legal Name</i>	<i>Date of Birth</i>	<b>DO NOT LIST PO BOXES</b> <i>Residence Address, Street, City, State &amp; Zip</i>	<i>Residence Phone Number</i>	<i>Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other statein the last year?</i>	<i>Have you been Convicted of a Felony Violation?</i>	<i>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</i>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

**If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.**

<i>Applicants Legal Name</i>	<i>Date of Birth</i>	<b>DO NOT LIST PO BOXES</b> <i>Residence Address, Street, City, State &amp; Zip</i>	<i>Residence Phone Number</i>	<i>For corp or LLC. No of years in corp or LLC</i>	<i>For corp or LLC. % of Stock Held</i>	<i>Have you been Convicted of a Felony Violation?</i>	<i>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</i>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-2-202** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for \_\_\_\_\_(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

**VERIFICATION OF APPLICATION**  
(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers or Directors, except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers.) W.S.12-4-102(b)  
Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.  
Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

For Liquor Division Use Only

Reviewer: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_